

EXHIBIT D

05-102
(Rev.9-15/33)

Texas Franchise Tax Public Information Report

To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP),
Professional Associations (PA) and Financial Institutions

■ Tcode 13196 Franchise

■ Taxpayer number

■ Report year

3 2 0 5 7 6 9 1 6 7 0

2 0 1 8

You have certain rights under Chapter 552 and 559,
Government Code, to review, request and correct information
we have on file about you. Contact us at 1-800-252-1381.

Taxpayer name DJ INVESTMENTS LLC		<input checked="" type="checkbox"/> Blacken circle if the mailing address has changed.	
Mailing address 1601 NW EXPRESSWAY STE 1100		Secretary of State (SOS) file number or Comptroller file number	
City OKLAHOMA CITY	State OK	ZIP code plus 4 73118	0802247369

☐ Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office 1601 NW EXPRESSWAY STE 1100, OKLAHOMA CITY, OK, 73118
Principal place of business 1601 NW EXPRESSWAY STE 1100, OKLAHOMA CITY, OK, 73118

You must report officer, director, member, general partner and manager information as of the date you complete this report.



1000000000015

Please sign below!

This report must be signed to satisfy franchise tax requirements.

SECTION A Name, title and mailing address of each officer, director, member, general partner or manager.

Name ANGUS MCQUEEN 2007 REV TRUST	Title MEMBER	Director <input type="checkbox"/> YES	Term expiration m m d d y y [][][][][][]
Mailing address 3501 HARRIS DR	City EDMOND	State OK	ZIP Code 73013
Name JESSE S GREENBERG	Title MEMBER	Director <input type="checkbox"/> YES	Term expiration m m d d y y [][][][][][]
Mailing address 1900 MCKINNEY AVE 802	City DALLAS	State TX	ZIP Code 75201
Name REVAN A MCQUEEN	Title MEMBER	Director <input type="checkbox"/> YES	Term expiration m m d d y y [][][][][][]
Mailing address 2609 ISLAND DR	City EDMOND	State OK	ZIP Code 73034

SECTION B Enter information for each corporation, LLC, LP, PA or financial institution, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership

SECTION C Enter information for each corporation, LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this entity.

Name of owned (parent) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
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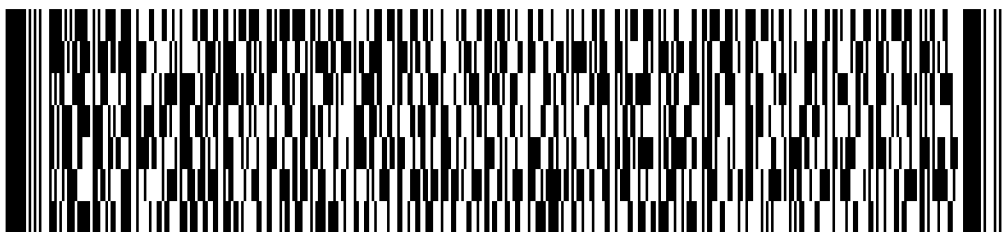
Registered agent and registered office currently on file (see instructions if you need to make changes)		You must make a filing with the Secretary of State to change registered agent, registered office or general partner information.	
Agent: JESSE GREENBERG			
Office: 1717 MCKINNEY STE 1800	City DALLAS	State TX	ZIP Code 75202

The information on this form is required by Section 171.203 of the Tax Code for each corporation, LLC, LP, PA or financial institution that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director, member, general partner or manager and who is not currently employed by this or a related corporation, LLC, LP, PA or financial institution.

sign here WF WINKLER	Title MEMBER	Date 03/03/2018	Area code and phone number (405) 843 - 7777
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Texas Comptroller Official Use Only



VE/DE	<input type="checkbox"/>	PIR IND	<input type="checkbox"/>
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Name BRANDON WINKLER	Title MEMBER	Director <input type="checkbox"/> YES	Term expiration m m d d y y [][][][][][]
Mailing address 1601 NW EXPRESSWAY STE 1100	City OKLAHOMA CITY	State OK	ZIP Code 73118
Name WF WINKLER	Title MEMBER	Director <input type="checkbox"/> YES	Term expiration m m d d y y [][][][][][]
Mailing address 708 GLENLAKE DR	City EDMOND	State OK	ZIP Code 73013
Name	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y [][][][][][]
Mailing address	City	State	ZIP Code

SECTION B Enter information for each corporation, LLC, LP, PA or financial institution, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
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Name of owned (parent) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
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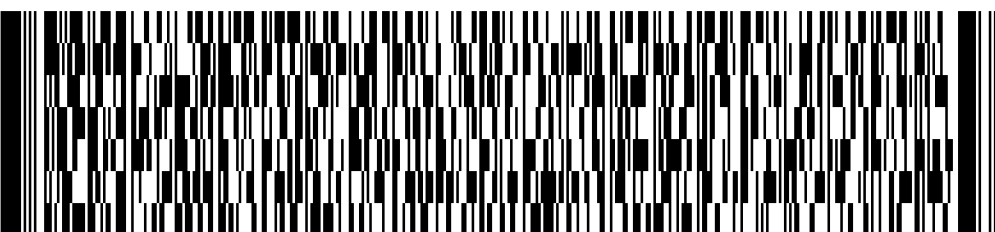
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sign here WF WINKLER	Title MEMBER	Date 03/03/2018	Area code and phone number (405) 843 - 7777
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VE/DE	<input type="checkbox"/>	PIR IND	<input type="checkbox"/>
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TRANSMITTER ID = LACERTE

TLN = 00039329459